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N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of form.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	<u>Mariopra</u>	BUREAU OF VITAL STATISTICS	State Index - - - No. <u>145a</u>
District	<u>No 3</u>	ORIGINAL CERTIFICATE OF DEATH	County Registrar's - No. <u>763</u>
Town or City	<u>Mesa</u>		Local Registrar's - No. <u>73</u>
2. FULL NAME <u>Phineas Daley</u>		No. _____ St. _____ Ward _____	
(a) Residence, No. <u>So Side Com / Hospital</u>		(If death occurred in a hospital or institution, give its NAME instead of street number)	
Length of residence in city or town where death occurred		(If nonresident, give city or town and State)	
yrs. mos. ds.		How long in U.S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Widowed</u> (Write the word)	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day and year) <u>Oct 12 - 1852</u>			
7. AGE	Years	Months	Days
	<u>70</u>	<u>6</u>	<u>24</u>
IF LESS than 1 day _____ hrs. or _____ min.			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer			
9. BIRTHPLACE (city or town) <u>Cal</u> (State or country)			
10. NAME OF FATHER <u>Phineas Daley</u>			
11. BIRTHPLACE OF FATHER <u>Iowa</u> (State or country)			
12. MAIDEN NAME OF MOTHER <u>Adaline Grover</u>			
13. BIRTHPLACE OF MOTHER <u>N. Y.</u> (State or country)			
14. Informant <u>Rosa Daley</u> (Address) <u>Mesa</u>			
15. Filed <u>5-7</u> , 19 <u>23</u> <u>J. E. Hume Jr.</u> Local Registrar. Filed <u>June 8</u> , 19 <u>23</u> <u>W. A. Burton</u> County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>May 6</u> 19 <u>23</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>Mar 5</u> , 19 <u>23</u> to <u>May 6</u> , 19 <u>23</u> that I last saw him alive on <u>May 6</u> , 19 <u>23</u> and that death occurred, on the date stated above, at <u>5:46</u> p.m. The CAUSE OF DEATH* was as follows: <u>Gangrene leg.</u> (duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY <u>Arteriosclerotic</u> <u>Emphysema</u> (Secondary) (duration) <u>20</u> yrs. _____ mos. _____ ds.			
18. Where was disease contracted if not at place of death? _____			
Did an operation precede death? <u>yes</u> Date of <u>Mar 10</u>			
Was there an autopsy? <u>no</u>			
What test confirmed diagnosis? <u>Clinical</u>			
(Signed) <u>Palmer Green</u> , M. D. <u>May 7</u> 19 <u>23</u> (Address) <u>Mesa</u>			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Mesa Cemetery</u>		DATE OF BURIAL <u>May 7</u> 19 <u>23</u>	
20. UNDERTAKER <u>W. A. Burton</u>		ADDRESS <u>Mesa</u>	